



UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 3772

SERIAL NUMBER 09/199,506	FILING DATE 11/25/1998 RULE	CLASS 709	GROUP ART UNIT 2143	ATTORNEY DOCKET NO. 15-SV-4769
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APPLICANTS

KENNETH LAWRENCE ACCARDI, PEWAUKEE, WI;

DEBORAH ANN BABULA, FRANKLIN, WI;
GEORGE PETER GESIOR, WAUKESHA, WI; HENRY JOHN HUMMEL JR., WAUKESHA, WI;
IANNE MAE HOWARDS KORITZINSKY, GLENDALE, WI;
SCOTT MATT MCOLASH, WAUWATOSA, WI;
GEORGE TZORTZOS, BROOKFIELD, WI;
HUBERT ANTHONY ZETTEL, WAUKESHA, WI;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 17	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
PATRICK S YODER
7915 FM 1960 WEST SUITE 330
HOUSTON, TX
77070

TITLE

MEDICAL DIAGNOSTIC SYSTEM SERVICE METHOD AND APPARATUS

FILING FEE RECEIVED 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/199,506	11/25/98	395	2785	15-SV-4769

APPLICANT

KENNETH LAWRENCE ACCARDI, PEWAUKEE, WI; DEBORAH ANN BABULA, FRANKLIN, WI;
 GEORGE PETER GESIOR, WAUKESHA, WI; HENRY JOHN HUMMEL JR., WAUKESHA, WI;
 IANNE MAE HOWARDS KORITZINSKY, GLENDALE, WI; SCOTT MATT MCOLASH,
 WAUWATOSA, WI; GEORGE TZORTZOS, BROOKFIELD, WI; HUBERT ANTHONY ZETTEL,
 WAUKESHA, WI.

CONTINUING DOMESTIC DATA***
 VERIFIED

Name BJ

371 (NAT'L STAGE) DATA***
 VERIFIED

Name BJ

FOREIGN APPLICATIONS***
 VERIFIED

Name BJ

FOREIGN FILING LICENSE GRANTED 12/18/98

Priority claimed 37C 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 17	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
Verified and Acknowledged <u>BJ</u> Examiner's Initials Initials					

ADDRESS

PATRICK S YODER
 7915 FM 1960 WEST SUITE 330
 HOUSTON TX 77070

TITLE

MEDICAL DIAGNOSTIC SYSTEM SERVICE METHOD AND APPARATUS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ex- of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,426		

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